Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90165 003 \*\*\*600.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # S14107

1. Corporation Name

BONUS INNS, INC.

								<b>   </b>
Principal Place of Business Mailing Address						- E IMM EIMIS INT EIMIT WYNNY EIMIT ANITA INNY INNY INNY	111 A1811 A1911 A1911 A	ICAN GENEC FANT
18801 MACK DAIRY RD. 18801 MACK DAIRY RD.								
JUPITER FL 33478-3739 JUPITER FL 33478-3739						DO NOT WOLLE IN T	JIC CDACE	
US						DO NOT WRITE IN THE	115 SPACE	
		•				3. Date Incorporated or Qualifed 11/09/1990		ł
O Delevier of Di	f Division of	2a. Mailing Address				4. FEI Number	TIAn	plied For
<u> </u>						59-3056561	<u> </u>	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	
22		27				5. Certifcate of Status Desired	Fee Re	
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added t	
Zip	Country Zip Cou			у		8. This corporation owes the current year	Intangible	
24	25	29 3	0			Personal Property Tax.		12/No
	Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent	
			8	1	Name			
DEMERS, IMARC			8:	2	Street Addre	ss (P.O. Box Number is Not Acceptable)		
18801 SE MACK DAIRY RD JUPITER FL 33478			Ļ	Ţ				
JUPI		8:	3					
			84	4	City		85 Zip 0	Code
				L			of changing its	registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	egistered Ag	ent :	signature required	when reinstating) DATE		
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	RS IN 12
TITLE	PSD □ DELETE 1.1		1.1 ππ.Ε				☐ Change	☐ Addition
NAME			1.2 NAME	1.2 NAME				ĺ
STREET ADDRESS	18801 SE MACK DAIRY RD		1.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP			1.4 CITY-	ST-	ZIP			
TITLE			2.1 TITLE			<del></del>	☐ Change	Addition
NAME	DEMERS, JULIE 221		2.2 NAME	•	}			
STREET ADDRESS	18801 SE MACK DAIRY RD		2.3 STREET		ADDRESS			ļ
CITY-ST-ZIP	UPITER FL 33478 2.4		2.4 CITY	·st-	· ZIP			
TITLE		☐ DELETE	3.1 TITLE				Change	☐ Addition
NAME			3.2 NAME	Ī				{
STREET ADDRESS	• •		3.3 STREET		ADDRESS			}
CITY-ST-ZIP			3.4. CITY-		-ZIP			
TITLE		☐ DELETE	4.1 TITLE		-		Change	Addition
NAME	·		4. 2 NAME					
STREET ADDRESS			4.3 STREET		ADDRESS			į
CITY-ST-ZIP		pros	4.4 CITY-S		ZIP			
TITLE		☐ DELETE	5.1 TITLE				☐ Change	☐ Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STRE	ET/	ADDRESS			

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and appraise and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or tasted empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attagement with an oddress with all other like empowered.

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

DELETE

☐ Change

☐ Addition